

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Susan Feldman, L.I.S.W.

Petition No. 950419-058-003

**CONSENT ORDER**

WHEREAS, Susan Feldman of Woodbridge (hereinafter "respondent") has been issued license number 001765 to practice as an independent social worker by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the Connecticut General Statutes, as amended; and,

WHEREAS, the Department alleges that:

1. In 1992, while respondent was employed at the West Haven Veterans Administration, she failed to maintain appropriate boundaries with a male patient.
2. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes Section 20-195d.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Department, the above allegations in this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §19a-9, §19a-14, and §20-195d of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-195d of the Connecticut General Statutes, as amended, Susan Feldman hereby stipulates and agrees to the following:

1. She hereby waives her right to a hearing on the merits of this matter.
2. Her license shall be on probation for eighteen months, subject to the following terms and conditions:
  - a. She shall participate in regularly scheduled therapy at her own expense with a licensed psychiatrist or psychologist approved by the Department (hereinafter "therapist").
    - (1) She shall provide a copy of this Consent Order to her therapist.
    - (2) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions and/or respondent's transfer to another therapist.
    - (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.
    - (5) The therapist shall submit quarterly reports for the period of probation which shall address, but not necessarily be limited to, respondent's ability to practice independent social work within an acceptable standard of care. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has expired.

- b. Within the first nine months of the probationary period, respondent shall obtain at her own expense, the services of a psychologist or independent social worker, licensed and practicing in the State of Connecticut and pre-approved by the Department (hereinafter "instructor"), to provide coursework to respondent specific to the issues of countertransference and vicarious trauma. Proof of successful completion of this coursework shall be provided to the Department within thirty (30) days of completion. The instructor may not be the same person as the monitor referenced in paragraph 2e, below.
- c. That during the period of probation, respondent shall only work in an institutional setting.
- d. Her supervisor at any hospital, clinic, partnership and/or association at which she is employed or with which she is affiliated shall be provided with a copy of this Consent Order within fifteen (15) days of its effective date.
- e. Respondent shall obtain, at her own expense, the services of a licensed independent social worker or psychologist licensed in the state of Connecticut and pre-approved by the Department (hereinafter "monitor") to conduct a monthly random review of 20% or fifteen of respondent's patient records, whichever is the larger number. In the event respondent has fifteen or fewer patients, the monitor shall review all of respondent's patient records on a monthly basis.
- f. (1) Respondent shall be responsible for providing written monitor reports directly to the Department quarterly for the entire period of probation. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records reviewed, additional monitoring techniques utilized, and a statement that respondent is

practicing with reasonable skill and safety and is handling all issues of transference and/or countertransference in a professional and appropriate manner.

- (2) Respondent's monitor shall monitor respondent's practice by any reasonable means he or she deems appropriate. Respondent shall fully cooperate with her monitor.

g. Respondent shall obtain written approval from the Department prior to any change in employment.

3. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
P.O. Box 340308  
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due the tenth business day of every other month.
5. Respondent shall bear all costs incurred to comply with the terms of this Consent Order.
6. Respondent shall comply with all state and federal statutes and regulations applicable to her licensure.
7. Respondent understands that this Consent Order is a matter of public record.
8. Any alleged violation of any provision of this Consent Order, may result in the following procedures at the discretion of the Department:
  - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.

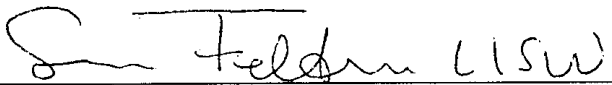
- c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8(a) above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she has cured the violation in question.
  - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, she shall be entitled to a hearing before the Commissioner who shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Commissioner by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
- 9 That, in the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as an independent social worker, or providing any therapy services, upon request by the Department. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall constitute an admission that her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).

10. That, in the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Commissioner.
11. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Department.
12. That this Consent Order is effective on the first day of the month immediately following the date said order is accepted and ordered by the Commissioner.
13. That the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Commissioner in which (1) her compliance with this Consent Order is at issue, or (2) her compliance with §20-195d of the General Statutes of Connecticut, as amended, is at issue.
14. That any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that she may have under the laws of the State of Connecticut or of the United States.
16. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

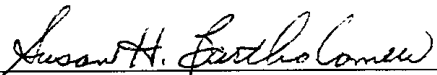
17. That respondent permits a representative of the Legal Office of the Division of Health Systems Regulation to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether an executed Consent Order is approved or accepted.
18. That respondent has the right to consult with an attorney prior to signing this document.

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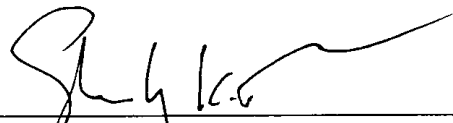
I, Susan Feldman, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Susan Feldman, L.I.S.W.

Subscribed and sworn to before me this 14<sup>th</sup> day of February <sup>1997</sup>~~1996~~.

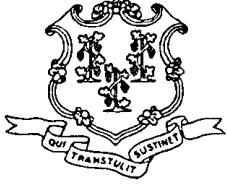
  
Notary Public or person authorized  
by law to administer an oath or affirmation  
Commissioner of Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 19<sup>th</sup> day of February 1997, it is hereby ordered and accepted.

  
Stanley K. Peck, Director  
Legal Office

feldmnco  
jpl





# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

August 31, 1998

Susan Feldman  
191 Willard Street  
New Haven, CT 06515

RE: Licensed Clinical Social Worker  
License No. 001765

Dear Ms. Feldman:

Please be advised that you have successfully fulfilled the terms of probation of your social worker license. The probationary status of your license will be removed with an effective date of September 1, 1998.

Should you have any questions concerning this matter, please contact me at 860-509-7623.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey A. Kardys".

Jeffrey A. Kardys  
Special Investigator  
Health Systems Regulation

JAK:

probend1.doc

cc: Debra Tomassone, PHSM, Department of Public Health  
Bonnie Pinkerton, Nurse Consultant, Health Systems Regulation



Phone: 860-509-7400

FAX 860-509-7650

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12 HSR

P.O. Box 340308 Hartford, CT 06134

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